

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094071

FILED
Apr 30, 2009
Secretary of State

Entity Name: CLEARLAKE PINES HOLDINGS LLC

Current Principal Place of Business:

10357 ANSON AVE.
CUPERTINO, CA 95014 US

New Principal Place of Business:

Current Mailing Address:

2600 CLEARLAKE ROAD
1A
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 32-0162428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALSUP, CYNTHIA A MANAGER
2600 CLEARLAKE ROAD
1A
COCOA, FL 32922 US

Name and Address of New Registered Agent:

PREST, COLIN MANAGER
2600 CLEARLAKE ROAD
1A
COCOA, FL 32922 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: COLIN PREST

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANLON, MARTHA
Address: 10357 ANSON AVE.
City-St-Zip: CUPERTINO, CA 95014 US

Title: MGRM () Delete
Name: ROSSI, BERNIE
Address: 1435 CALAVERAS AVE.
City-St-Zip: SAN JOSE, CA 95126 US

Title: MGRM () Delete
Name: ROBINSON, MARILE
Address: 749 OAKHILL RD.
City-St-Zip: APTOS, CA 95003 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BERNIE ROSSI

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date